STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, typover the lines	pe 12FE4M5	
BRACEPAC				
ADDRESS (number and	2000 K Street, NW			
(Check if address is changed)	Suite 500			
	Washington		L PC	
		CITY	STATE▲	ZIP CODE 📥
(Check if address is changed)	IL ADDRESS (Please provide only one scott.segal@brace			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	www.bracewellgiul	iani.com		
2. DATE 0.3				
3. FEC IDENTIFICA	TION NUMBER	C C00021295		
4. IS THIS STATEM	NEW (N) OR	X AMENDED	(A)	
I certify that I have exam	ned this Statement and to the best of my kr	nowledge and belief it is true, co	orrect and complete	
Type or Print Name of	Treasurer Scott Howard S	Segal		
Signature of Treasurer	Electronically Filed by Scott Ho	oward Segal	Date 03	23 / 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information m	nay subject the person signing the	•	_
Office Use Only		For further inform Federal Election C Toll Free 800-424	Commission -9530	FEC FORM 1 (Revised 02/2009)